(iv) The contract labour is within the age limit as per recruitment rules after giving him the benefit of number of days he has served the Railways as a contract labour.

On the above basis, the Railways administration have commenced the screening procedure to absorb/regularize these contract workers.

Infant mortality

*159 SHRI SHAHID SIDDIQUI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the infant mortality rate in Government Hospitals;

(b) if so, the details thereof, hospital-wise;

(c) the reasons of infant mortality; and

(d) what action is being taken to control this?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) It is difficult to calculate infant mortality rate on the basis of deaths of infants occuring in a hospital as the same is related to number of deaths of infants in a given area of population. The gross death rate and net death rate are indicators of mortality in hospitalised patients including infants.

The statistics relating to deaths of infants/children in various Central Government hospitals like Dr. R.M.L. Hospital, Safdarjung Hospital, Kalawati Saran Children's Hospital given in the Statement *(See* below).

Most of the deaths among infants in these Government hospitals occur due to Birth Asphyxia, Neo-natal infaction, Prematurity, Acute Respiratory tract infection, Diarrhoea, Measles, Meningitis, Tubercular Meningitis, severe CNS infections etc. Being tertiary care multi disciplinary treatment institutions, majority of the infant patients arrive in these hospitals at a very late stage and suffer from serious multiple diseases. As a result, many of them die within 48 hours of admission. The admission of complicated pregnancies with delivery of high-risk infants in these hospitals also contribute to infant deaths.

Infants/children admitted in the Central Government Hospitals are provided all possible medical care. Steps for reducing Acquired Infection

Death, creation of sub-speciality-wise wards, Ante-Natal check ups, control of Acute Respiratory Infactions and diarrhoeal diseases etc. are also undertaken on a continuous basis with a view to minimise death among infants/children admitted in the Government Hospitals.

Statement

Details of Admissions, Deaths and Net Death Rate among infants for 2001-2004

Dr. R.M.L. Hospital

Year	No. of Admissions	Total Deaths	Deaths beyond 48 hours	Net Death Rate(%)
2001	1832	46	19	1.04
2002	1943	60	24	1.23
2003	1854	66	27	1.46
2004 (upto 30.11.2004)	2202	79	39	1.77

Kalawati Saran Children's Hospital

Year	No. of Admissions	Total Deaths	Deaths beyond 48 hours	Net Death Rate(%)
2001 2002	26131	1405	620	2.37
2003 2004	24850	1409	613	2.46
(upto	26813	1425	654	2.44
30.11.2004)	25375	1367	617	2.43

Details of Admission, Deaths and Net Death Rate among Paediathc Patients (0—1 2 *years) for* 2001— 2003

Safdarjung Hospital

Year	No. of Admissions	Total Deaths	Deaths beyond 48 hours	Net Death Rate(%)
2001	25828	1437	414	1.7
20C2	25491	1198	432	1.7
2003	29367	1541	467	1.7